

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	-				
2		1	-			
3			1	-		
4			1	-		
5			1	-		
6			1	-		
7						
8						
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11						
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13						
14	1	-				
15			1	-		
16			1	-		
17			1	-		
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49						
50						
TOTAL IND.	1	1				
TOTAL DEP.	1	1				
TOTAL CLAIMS	12					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						